



## PHIL MARSHALL - DRIVING CLINIC

APPLICATION FORM - 6<sup>th</sup>, - 10<sup>th</sup> FEBRUARY, 2025.

### SOUTHERN HIGHLANDS CARRIAGE CLUB INC.

PLEASE contact YVONNE WOOD via email – [woodsies26@gmail.com](mailto:woodsies26@gmail.com) - Ph: 0497 603 424 as to Clinic vacancies.

SHCC INC. invites all ACDS members and others to participate in a **Phil Marshall Clinic**, being conducted on **Thursday 6<sup>th</sup>, Friday 7<sup>th</sup>, Saturday 8<sup>th</sup>, Sunday 9<sup>th</sup>, and Monday 10<sup>th</sup> February, 2025** at SHCC grounds in Bundanoon.

If the demand for Lessons is very high, the Clinic may be extended to suit.

Cost of each 45 min. Lesson is \$95.00, with Fence Sitters invited to attend for \$10.00 per day. If you have booked Lesson/s you are invited to Fence Sit Free of Charge.

**ALL DRIVING PARTICIPANTS MUST BE ACDS OR EA MEMBERS, or pay a ONE ACTIVITY MEMBERSHIP FEE of \$30.00 which is to cover Insurance requirements.**

All participants are reminded to present for their Lesson, having previously warmed-up their horse/pony, so as to obtain the maximum benefit from each Lesson. All horses/ponies must have a reasonable level of fitness in order to cope with the workload. **N.B. All Horses should be at least 3 years of age.**

Phil conducts all Lessons according to the Time Schedule, so presenting at your allotted time is very important to keep the Clinic running smoothly.

**CAMPING** is available at \$8.00 per night for a Powered Site. Unpowered Site is \$5.00 per night. **HORSE YARDS – Free** (Feel free to bring own yards) **No Electric Yards permitted at Powered Camp Sites.**

**A CASUAL DINNER - will be held on Saturday evening 8<sup>th</sup> February, 2025 – Cost \$15.00.**

**LIGHT REFRESHMENTS and DRINKS** will also be available during the day.

**FREE TEA & COFFEE** provided for duration of the Clinic.

**RESERVE/WAITING LIST** – This will be maintained to assist in the event of any unforeseen circumstances arising for Participants.

**DOGS** are allowed, but must be restrained at all times, with Owners' being responsible for their cleanliness.

**APPLICATION - PHIL MARSHALL CLINIC - 6<sup>TH</sup> – 10<sup>TH</sup> February, 2025.**

Everyone will be catered for to the best of our ability for suitable arrangements.

All Lessons will only be **CONFIRMED** upon receipt of payment, which must be made **IN FULL by 31<sup>st</sup> January, 2025**. No refunds will be given unless any cancelled Lessons are able to be filled.

A **Deposit of 50% must be paid** to hold any Lessons being booked, until final payment when Lessons will be confirmed.

**NAME:** ..... **ACDS/EA Membership No.....**

**ADDRESS:** .....

**EMAIL:** ..... **PHONE:** .....

**NO. LESSONS:** ..... X \$95.00 = \$ .....

**FENCE SITTING** ..... X \$10.00 p/day = \$ .....

**CAMPING (P/S)** ..... X \$8.00 p/n = \$ .....

**CAMPING (U/P)**..... X \$5.00 p/n = \$ .....

**YARDS No.** ..... **FREE**

**SATURDAY EVENING CASUAL DINNER @ \$15.00 (No. ) \$** .....

**PLEASE ADVISE IF YOU HAVE SPECIFIC DIETARY REQUIREMENTS Yes.....**

**NON ACDS/EA - ONE ACTIVITY MEMBERSHIP**  
\$30.00 = \$ .....

**TOTAL** \$ .....

Please **CIRCLE preferred Lesson days** – Thursday - Friday - Saturday - Sunday - Monday

Any other details that affect your preference for days/times .....

This Activity will be conducted in accordance with all ACDS Insurance requirements.

**Signed:** ..... **Date** .....

**Mail to:**  
**Southern Highlands Carriage Club Inc.**  
P.O. Box 862  
BOWRAL. NSW 2576

**Bank Details below for Direct Deposit:**  
**BSB** 012 547 - ANZ  
**Account No:** 4820 71097  
Please **email Receipt** with Name & Ref: **Phil**